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ANNUAL REPORT

UPON THE

Public Health



AND

Sanitary Administration

OF THE

Rural District of Abergavenny

FOR THE

Year 1961



S. M. JAMES, B.Sc., M.B., B.Ch., D.P.H.

Medical Officer of Health

and

Medical Officer of Health No. 10 Area.

Annual Report

1961

Mr. Chairman, Ladies and Gentlemen,

More than ever before it is true to say that man is largely responsible for his own health or ill-health. Man's way of life is reflected in the ever-increasing incidence of diseases such as Cancer of the Lung and Coronary Thrombosis. Some 22,000 persons died in this Country from Lung Cancer in 1961. Although cigarette smoking is not the sole causative agent, no-one can now deny the correlation between heavy smoking and Lung Cancer. If not Lung Cancer, the heavy cigarette smoker is very likely to develop Chronic Bronchitis, which is another of today's major health problems. There are at present, in this Country, over two million sufferers from Chronic Bronchitis, and over 30,000 of them die each year. We were fortunate in Abergavenny Rural District that no death was attributed to Lung Cancer and only two people died from Bronchitis. This seems to indicate that these two diseases are not yet as prevalent here as elsewhere. One must remember that other factors such as air pollution, may be involved in the causation of Lung Cancer.

The heavy smoker is also very prone to Duodenal Ulcer, Coronary Thrombosis and Hypertension. In 1961, 27 of the deaths registered in Abergavenny Rural District were attributed to Coronary Thrombosis. We must admit that smoking is a dangerous habit especially to the young, and it is important that this section of the community should never start to smoke. It is also highly desirable that the established smoker should discontinue, but in this case one must bear in mind that here, there is a possibility of one danger being replaced by another. Why does an individual become a heavy smoker? As a type he is often tense and anxious, and smoking seems to offer him a measure of relaxation which, if discontinued, is frequently replaced by over-eating.

Statistics of Life Assurance Companies show that mortality rates rise steadily in proportion to the extent to which people over-eat. It has been said that for every fat person who reaches the age of 80 years, there are 10 lean people. Billy Bunter's days may not only be fewer but he is also so very rarely allowed to enjoy them in good health. Varicose Veins, Osteo-arthritis, Gall stones, Diabetes etc., are only a few of his constant companions. Indeed, the time has now come to extend the work of Diabetes detection throughout the country. It is said that there are more unknown than known Diabetics in the Community, possibly 300,000 or more, and many of these will develop complications if not detected and treated early. Primary prevention may be achieved in some cases by teaching the public, especially those with a family history of Diabetes, about the danger of obesity.

For the promotion of health, it is necessary to observe the cardinal rules :—

- (a) Eat less or perhaps alter one's food habits.
- (b) Take regular and not only strenuous week-end exercise.
- (c) Take adequate rest and use one's leisure properly, and
- (d) Smoke less cigarettes.

In addition, it is important in this age of psychological stress and strain that the emotional problems of the heavy smoker be investigated and treated.

Man's way of life is also portrayed by the upward trend in the incidence of mental illness, and especially by the increasing number of suicides per year, notably in the last decade. Fortunately, there was only one suicidal death recorded in Abergavenny Rural District in 1961 as compared with five in the previous year. It is true that the increase in suicides appears to be greater in urbanised rather than rural communities, men more than women, social class 1 (professional workers and the generally well-to-do section of the population) more than others, and the old more than the young. The Local Authority has been and still is responsible for the tremendous improvements in our physical environment. We also recognise the

vital importance of a sense of security, and the welfare state has removed many of the fears associated with illness and economic insecurity. But a high standard of living seems to be associated with an increase in neurosis and in personal disorders. In too many cases it seems that mental illness, today, is a result of anxieties arising out of—keeping up with the Jones! Generally, the underlying emotional problems are many and varied; these require further study if diagnosis is to be early and treatment successful. Health education of the public also plays an important part in the prevention of mental illness.

Sickness rates generally, not only mental illness, increase with age. In spite of the numerous services already in existence for the promotion of health in the aged, retirement frequently brings about both mental and physical deterioration, loneliness and insecurity are prevalent after retirement. Often there is a lack of purpose which results in apathy and finally a break-down in health. As the rate of ageing varies enormously the age of retirement should be flexible and a person allowed to continue in gainful occupation so long as he or she is able and willing. It is possible to anticipate some of the things that encourage the process of ageing, and it is now apparent that geriatric clinics though still in their infancy will contribute greatly to the promotion of a healthy retirement. Indeed, geriatric clinics may well become as important in public health as infant welfare clinics.

Since the war, Abergavenny Rural District has not relaxed in its efforts to provide suitable housing accommodation to meet the various needs of its population. Other equally important health services such as water supplies and adequate methods of sewage and refuse disposal, have been provided. These must be maintained and any problems associated with them from time to time have to be solved. Although we live in an affluent, chromium plated society exposed to various mass media and high pressure salesmanship we are still left with our problem families. Fortunately there are not many in this district but they demand constant attention and tremendous patience from all workers in the public health field,

with too often very few positive results. Personal health services have reached a higher standard than ever before. Yet, recent events, e.g., the Small Pox epidemic in South Wales, illustrate once more the importance of preventive medicine.

VITAL STATISTICS

Area	...	...	62,685 Acres
Population (Estimated)	...	...	8,790
Number of Inhabited Houses			2,483
(According to Rate Book, 31/12/61).			
Rateable Value			£65,673
1d. Rate	£244

1961	M	F	Total.
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Live Births.

Legitimate	79	55	134
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Illegitimate	2	1	3
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Total	81	56	137
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Live Birth Rate	<i>Rural District</i>	<i>County</i>	<i>E. & W.</i>
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Per 1,00 population	... 15.59	17.85	17.4
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Comparability Factor = 1.27

Adjusted Live Birth Rate = $15.59 \times 1.27 = 19.8$

Still Births.	M.	F.	Total.
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Legitimate	0	1	1
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Illegitimate	0	0	0
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Total	0	1	1
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Still Birth Rate.	<i>Rural District.</i>	<i>County.</i>	<i>E. & W.</i>
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Per 1,000 live and still births	7.25	23.39	18.7
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Per 1,000 population	0.11	0.48	
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Deaths.	M.	F.	Total.
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All causes	89	91	180
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	<i>Rural District.</i>	<i>County.</i>	<i>E. & W.</i>
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Death Rate per 1,000 population	20.48	14.36	12.0
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Comparability Factor—0.52

Adjusted Death Rate— $20.48 \times 0.52 = 10.65$

Deaths from Cancer	M.	F.	Total.
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All forms	...	8	10	18
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Cancer of the Lung	0	0	0
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Deaths due to Pregnancy, Child Birth, Abortion—Nil.

Maternal Mortality Rate.	<i>Rural District.</i>	<i>County.</i>
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(Rate per 1,000 births)	...	0	0.98
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Infant Mortality.

<i>Cause of death.</i>	<i>Sex—M.</i>		<i>F.</i>	<i>Age.</i>	
Atelectasis		1	0	Under 1 week.	
Congenital Malformation		1	1	
		<hr/>	<hr/>		
Total	...	2	1		

Infant Mortality Rate	<i>Rural District</i>	<i>County</i>	<i>E. & W.</i>
(Rate per 1,000 total live births)	... 21.9	27.97	21.4

Neo-Natal Mortality Rate—first 4 weeks.		
(Rate per 1,000 live births)	... 21.9	20.10

Early Neo-Natal Mortality Rate.		
(Under 1 week)	... 21.9	16.92

Perinatal Mortality.		
(Still births and infant deaths under 1 week) per 1,000 total live and still births	... 28.99	39.9

Causes of Death (1961)

Cause	Sex :	Male	Female
Tuberculosis	..	1	1
Syphilitic Disease	...	2	0
Other infective and parasitic disease	...	1	0
Malignant Neoplasm of Stomach	...	3	3
Malignant Neoplasm of Lung and Bronchus		0	0
Malignant Neoplasm of Breast	...	0	2
Other Malignant and Lymphatic Neoplasms		5	5
Leukaemia	...	0	0
Diabetes	...	1	1
Vascular Lesions of nervous system	...	11	11
Coronary Disease, Angina	...	15	12
Hypertension with Heart Disease	...	1	3
Other Heart Diseases	...	16	37
Other Circulatory Diseases	...	3	1
Influenza	...	7	0
Pneumonia	...	5	1
Bronchitis	...	1	1
Other Diseases of Respiratory System	...	3	1
Ulcer of Stomach and Duodenum	..	0	2
Gastritis, Enteritis, Diarrhoea	..	0	0
Nephritis	...	1	0
Hyperplasia of Prostate	...	2	0
Congenital Malformations	...	1	1
Other defined and ill-defined diseases	...	3	8
Accidents	...	1	0
Suicides	...	1	0
All other accidents	...	5	1
		—	—
		89	91

Notification of Infectious Diseases

(Classified according to sex and age).

<i>Disease</i>	<i>Sex</i>	<i>Age</i> 0-4	<i>Age</i> 5-9	<i>Age</i> 10-19	<i>Age</i> 20-29	<i>Age</i> 30-39	<i>Age</i> 40 plus	<i>Total</i>
Whooping	Male	...		...	.		..	..
Cough	Female	1	1	2	...	...		4
Measles	Male		2	1	..	...	..	3
	Female	6	2	2	.	1	...	11
Scarlet	Male	...				..
Fever	Female	...	...		..	...	...
Cerebro Spinal	Male		..	...	...	.
Meningitis	Female		.	...	.			...
Typhoid and	Male		..	...		.	...
Paratyphoid	Female	..		...		..	...	..
Poliomyelitis	Male	...	...	...	...		...	...
	Female	...	...	...	...	...	...	...
Dysentery	Male	...	...	...	...	...	...	...
	Female	...	...		...	...	7	7
Salmonella	Male	...		...	...
Typhimurium	Female	..	.	1		3		4
Encephalitis	Male	...			..		..	...
	Female	...	.	...		...	...
Pneumonia	Male	...	...	...		..	...	...
	Female		..	...		...	...	...
Erysipelas	Male	...	...	...	...	...	1	1
	Female	...	...	...	...	...	...	...
Abortus Fever	Male	...	...	...	...	...	...	...
	Female	...	...	...	...	...	...	...

TUBERCULOSIS

Notified : Pulmonary	M 5	F 1	Non-Pulmonary	M 0	F 0
Deaths : Pulmonary	M 1	F 0	Non-Pulmonary	M 0	F 1

Vaccinations against Small Pox

Numbers Vaccinated.

Age Groups		1953	1954	1955	1956	1957	1958	1959	1960	1961
Under 1 year	...	24	25	22	47	44	46	37	60	50
1-4 years	...	17	2	7	35	12	6	18	13	40
5-14 years	...	2	1	4	1	6	5	9	—	8
15 years plus	...	11	8	3	12	28	14	8	2	4
Totals	...	54	36	36	95	90	71	72	75	102

In addition there were 13 re-vaccinations.

Immunisation against Diphtheria, Whooping Cough and Tetanus

Numbers Immunised

Age Groups	1953	1954	1955	1956	1957	1958	1959	1960	1961
Under 5 years	72	90	78	141	77	112	39 Diph. 54 Whc.	70 Diph. 80 Whc.	137 Diph. 114 Whc. 128 Tet.
5-14 years	48	104	360	58	5	205	3 Diph. 0 Whc.	48 Diph. 4 Whc.	8 Diph. 1 Whc. 7 Tet.
Totals	120	194	438	199	82	317	42 Diph. 54 Whc.	118 Diph. 84 Whc.	145 Diph. 115 Whc. 135 Tet.

In addition to the above, 42 children were given 'Booster diphtheria prophylaction injections.

Yours faithfully,

S. M. JAMES, B.Sc., M.B., B.Ch., D.P.H.
Medical Officer of Health.

WATER SUPPLY.

The main water supplies for the populated parts of the Rural Area are good, and the majority of properties which are situated at a reasonable distance from the line of the mains are connected up. The Council supplies part of Raglan, which is situated in the Monmouth Rural District, with water from the Llanover supply.

The Council have under their control three main supplies; these are Llanover, Grosmont and Tynywern. The source of the supplies is from Springs, the water being collected and distributed to various parts of the area by means of gravitation and pumping to service reservoirs. The water is chlorinated before entering the distribution mains.

During periods of shortage of water at Llanover, the Council can now supplement the supply from the Newport and South Monmouthshire Water Board Mains, which have been connected to the Llanover service reservoir.

There are, however, many isolated cottages which still have to depend on private springs for their supply. It is not very often that these supplies are bacteriologically satisfactory, and during dry periods more often than not they are inadequate in quantity.

Many of the owners of these supplies are carrying out works of improvement.

The Council have under consideration a scheme for a piped water supply for the areas known as the Plough and Llangattock Lingoed, where such a supply is urgently required.

They have also under consideration a scheme for supplying water from the Newport and South Monmouthshire Water Board to Pen-y-val Hospital. Portions of the Govilon area are supplied by the Abertillery and District Water Board and the Newport and South Monmouthshire Water Board.

The following samples were taken for bacteriological examination :—

Source	Raw Water		Treated	
	Satisfactory	Unsatisf'ctory	Satisf'ctory	Unsatisf't'y
Main Supply	—	—	37	4
Wells & Spr'gs	7	31	—	—

Sewerage and Sewage Disposal.

The means of sewage disposal in the populated parts of the Rural Area is by sedimenation and humus tanks and rotary filters.

On small Council housing sites septic tanks with filters are in use.

Govilon is connected to the Sewage works owned by and situated in the Crickhowell Rural District Council, and Llanfoist is connected to the Abergavenny Borough sewage works.

At present one man is employed to carry out the maintenance work. The Council have employed a Contractor to empty periodically the sedimentation and septic tanks, by means of a cesspit emptier.

Schemes have been prepared by the Council for the provision of a main sewer and disposal works at Grosmont and part of Pandy.

During the year a new sewer and disposal plant was completed at the Bryn.

Where there are no Public Sewers, properties are serviced by septic tanks, or earth and chemical closets.

Public Scavenging.

A large area of the district is covered by the Council's scavenging scheme, which is under the control of the Surveyor.

The collection is a kerbside one, which is carried out weekly in the populated parts of the district and monthly in the out-lying parts of the Rural Area.

The refuse is disposed of at one refuse tip which is situated at the Mardy, and it is hoped that eventually a good playing field will result. The tip is adequately controlled against vermin.

Slaughter Houses.

There are no licensed slaughterhouses in the Rural District. The majority of slaughtering is carried out in the Abergavenny Borough Abattoir.

Factories Act, 1959.

Number of Factories on Register, December 1960	...	18
Number of Inspections	...	24

Written Notices.

1. Want of Cleanliness	...	Nil.
2. Insufficient Sanitary Conveniences	...	Nil.

The Milk (Special Designation) Regulations, 1960.

Under the above regulations the Council are no longer responsible for the issuing of licences.

These are now issued by the Monmouthshire County Council, who are now the responsible authority.

Ice Cream (Heat Treatment) Regulations, 1947.

There are 26 premises registered for the sale of Ice Cream in the Rural District. Two new registrations were granted during the year. There are no manufacturers in the District. All the Ice Cream is imported into the area and is pre-packed and manufactured by well known firms.

Rodent Control-

This work is now being carried out by a Private Contractor.

	Type of Property				
	Non-Agricultural				(5) Agri- cultural
	(1) Local Authority	(2) Dwelling Houses including Council Houses	(3) All other including Business Premises	(4) Total of Cols. 1, 2 & 3	
1. No. of properties in Local Authority's District	14	2483	103	2600	533
2. No. of properties inspected as a result of :—					
(a) Notification	—	212	—	212	—
(b) Survey under the Act	156	582	20	758	319
(c) Otherwise	—	—	—	—	—
3. Total Inspections carried out including re-inspections	156	794	20	970	319
4. No. of properties inspected in Sect. 2 which were infested by					
(a) Rats, Major	—	—	—	—	—
Minor	31	162	—	193	250
(b) Mice, Major	—	—	—	—	—
Minor	—	50	20	70	69

Rodent Control—*continued.*

	Type of Property				
	Non-Agricultural				(5) Agri- cultural
	(1) Local Authority	(2) Dwelling Houses including Council Houses	(3) All other including Business Premises	(4) Total of Cols. 1, 2 & 3	
5. No. of infested prop- erties in Sect. 4 treated by the L.A.	31	212	—	243	—
6. No. of Noticees under Sect. 4 of the Act :					
(a) Treatment	—	—	—	—	—
(b) Structural Work	—	—	—	—	—
7. No. of cases in which default action was taken following the issue of a notice under Sect. 4 of the Act	—	—	—	—	—
8. Legal Proceedings	—	—	—	—	—
9. Number of "Block" Control schemes carried out	—	—	—	—	—

HOUSING

I. Inspection of Dwelling Houses during the year :		
(1) (a)	Total number of Dwelling Houses inspected for Housing Defects (under Public Health and Housing Act, 1936-1957)	... 145
(b)	Number of Inspections made for the purpose	... 145
(2)	Number of Dwellings found to be in a state so dangerous or injurious to health as to be unfit for habitation	... 14
II. Action under the Statutory Powers during the year :		
(1)	Proceedings under Sections 9, 10, 11, 12 and 16 of the Housing Act, 1957 :	
(a)	Number of dwelling houses in respect of which notices were served requiring repairs	... —
(b)	Number of Closing Orders served	... 7
(c)	Number of Demolition Orders served	... 6
III. Improvement Grants :		
(1)	Standard Grants :	
(a)	Number of applications received during the year 1961	... 15
(b)	Number of applications approved during the year	... 14
(c)	Number of applications withdrawn during the year	... 2
(d)	Number of cases where work was completed by 31st December, 1961	... 6
(e)	Expenditure ranking for grants approved during the year	... £1,595.0.0
(2)	Discretionary Grants :	
(a)	Number of applications received during the year	10
(b)	Number of applications approved during the year	... 6
(c)	Number of applications withdrawn during the year	... 2
(d)	Number of cases where work was compl'd by 31st December, 1961	... Nil
(e)	Expenditure ranking for grants approved during the year	... £2,160.5.0

Inspection and Supervision of Food Premises and Licensed Premises.

Periodic visits are made to all Food Premises and Licensed Premises during the year.

1. The number of Food Premises in the Rural District is :

(i)	Bakehouse	...	...	2
(ii)	General Provisions and Confectionery		..	25
(iii)	Butchers Shops	...	...	—
(iv)	Licensed Premises		...	35
(v)	Fish Frying Premises	..	...	—

2. The number of Food Premises registered under the Food
and Drugs Act ... Nil

The general standard of Food Premises and Licensed Premises in the area is good.

I would like to thank the Chairman and all Members of the Council, the Clerk and other Officers for their help during the year

Yours faithfully,

F. D. COLLIER, M.R.S.H., M.A.P.H.I.,
Public Health Inspector.

